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Bib Data Sheet

CONFIRMATION NO. 4669

SERIAL NUMBER 09/421,846	FILING DATE 10/20/1999 RULE	CLASS 707	GROUP ART UNIT 2176	ATTORNEY DOCKET NO. R/97005Q
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APPLICANTS

JEAN-MARC ANDREOLI, 38240 MEYLAN, FRANCE;

UWE M. BORGHOF, D-85635 HOEHENKIRCHEN, GERMANY;

Assignee - Xerox

** CONTINUING DATA *****

THIS APPLICATION IS A CON OF PCT/IB98/00757 04/23/1998
AND IS A CON OF PCT/IB98/00758 04/23/1998*OK us**OK us*

** FOREIGN APPLICATIONS *****

UNITED KINGDOM 9708172.3 04/23/1997

UNITED KINGDOM 9708175.6 04/23/1997

*OK us**OK us*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/09/1999

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY FRANCE	SHEETS DRAWING 10	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>William L. Boshart</i> Examiner's Signature	<i>WLB</i> Initials			

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TITLE

DOCUMENT CONSTRAINT DESCRIPTORS OBTAINED FROM USER SIGNALS INDICATING ATTRIBUTE-VALUE RELATIONS

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees
RECEIVED 890	No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> 1.16 Fees (Filing)
	No. _____ for following:	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____



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Bib Data Sheet

CONFIRMATION NO. 4669

SERIAL NUMBER 09/421,846	FILING DATE 10/20/1999 RULE	CLASS <i>70T</i> <i>715</i>	GROUP ART UNIT 2176	ATTORNEY DOCKET NO. R/97005Q
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APPLICANTS

JEAN-MARC ANDREOLI, 38240 MEYLAN, FRANCE;
 UWE M. BORGHOFF, D-85635 HOEHENKIRCHEN, GERMANY;

** CONTINUING DATA *****
 This application is a CON of PCT/IB98/00757 04/23/1998
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 UNITED KINGDOM 9708172.3 04/23/1997 *OK ucy*
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>William B. Berridge</i> Examiner's Signature Initials	STATE OR COUNTRY FRANCE	SHEETS DRAWING 10	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 2
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TITLE
 DOCUMENT CONSTRAINT DESCRIPTORS OBTAINED FROM USER SIGNALS INDICATING ATTRIBUTE-VALUE RELATIONS

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RECEIVED 890	No. _____ to charge/credit DEPOSIT ACCOUNT	(time)
	No. _____ for following:	<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit